



International Association of Minimal Access Surgeons Membership Application Form

Photo

Please fill in CAPITAL LETTER

IAMAS Membership Applied

Life

Honorary

Name

:

Father's/Husband's Name

:

Date of Birth

:

Permanent Address

:

Nationality

:

Passport No.

:

Passport Expiry

:

Designation

: Registrar / Medical officer / Assistant Profesor / Associate Professor / Professor / Consultant

Clinic/Hospital

:

Mobile No.

:

Tel. (Clinic/Hospital)

:

Email ID

:

Degree	Year	Medical College / Hospital	University	Country
MBBS/Equivalent				
M.S./M.D./Equivalent				
M.Ch/Equivalent				

Registration Details

Name of State/Medical Board/Council: _____

Registration Year and No. : _____

I declare that I am registered with the above mentioned State/Medical Board/Council. I certify that all the details and documents submitted by me are authentic and true, if any statement is found to be incorrect, my membership would stand to be cancelled and membership fees forfeited. I hereby give and undertaking that I shall abide by the rules and regulations of IAMAS.

Date : _____

Place : _____

Signature : _____

Applicant's name : _____

(For Office Use)

Details of fees paid

Amount : INR / USD _____/-, in words (INR / USD) _____

Mode of payment : Cash / Cheque / NEFT / RTGS / CC / DC

Certified that I have verified the qualification and registration of the applicant and his eligibility as per the rules of IAMAS for being enrolled as member of the IAMAS. Forwarded to the Hony. President for final approval.

Membership No. Alloted : _____

Recommended by:

Secretary,
IAMAS

Approved by:

President,
IAMAS